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20,551

Thorpe North & Western, LLP
 P.O. Box 1219
 Sandy, UT 84091-1219

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Nicole Solomon	(Depositor's name)
Nicole Solomon	(Signature)
April 7, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,687	2/11/2002	Feng-Jing Chen	01235-22619.CIP	9747

TITLE OF INVENTION: Pharmaceutical Formulations & Systems for Improved Absorption & Multistage Release of Active Agent

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1,020

EXAMINER	ART UNIT	CLASS-SUBCLASS
Channavajjala, Lakshmi SARADA	1615	424-451000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 THORPE NORTH & WESTERN LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LIPOCINE, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Salt Lake City, UT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed. - EFT payment
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0100 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David W. Osborne

Date

April 7, 2008

Typed or printed name David W. Osborne

Registration No. 44989

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